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## Ethical and Religious Directives for Catholic Hospitals

Catholic Physicians' Guild

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## ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HOSPITALS

### FOREWORD

These Ethical and Religious Directives for Catholic Hospitals have been prepared under the auspices of the Catholic Hospital Association of the United States and Canada for the guidance and benefit of Catholic hospitals in those Dioceses which do not now have official Codes of Medical and Hospital Ethics. It is distinctly understood that these Directives do not constitute the official Code of Medical, Surgical or Hospital Ethics and have no authoritative status in any Diocese unless and until the Most Reverend Ordinary so directs.

The Catholic Hospital Association is deeply grateful to the Moral Theologians who gave so generously of their knowledge and time in formulating these Directives and to the doctors, nurses and others who assisted in the preparation of the material. The Association acknowledges the use made of the several Diocesan Medical, Surgical and Hospital Codes which have been promulgated in various Dioceses and the cooperation, counsel and experience of the Diocesan Directors of Hospitals.

The Officers of the Catholic Hospital Association hope that these Ethical and Religious Directives for Catholic Hospitals will be of service in explaining and promoting the observance of the Moral Law of God in our Catholic institutions.

RIGHT REV. MONSIGNOR GEORGE LEWIS SMITH,  
*President of the Catholic Hospital Association  
of the United States and Canada.*

## INTRODUCTION

### Responsibility of Hospital Authorities

Catholic hospitals exist to render medical and spiritual care to the sick. The patient adequately considered, and inclusive of his spiritual status and his claim to the helps of the Catholic religion, is the primary concern of those entrusted with the management of Catholic hospitals. Trustees and administrators of Catholic hospitals understand this responsibility towards each patient whom they accept, to be seriously binding in conscience.

A partial statement of this basic obligation is contained in the present Code of Ethical and Religious Directives. All who associate themselves with a Catholic hospital, and particularly the members of the medical and nursing staffs, must understand the moral and religious obligations binding on those responsible for the management and operation of the hospital, and must realize that they are allowed to perform only such acts and to carry out only such procedures as will enable the owners and administrators to fulfill their obligations.

### Vitality of Code

The principles underlying or expressed in this code are not subject to change. But in its applications of principles the code can and should grow and change as theological investigation and the progress of medical science open up new problems or throw new light on old ones.<sup>1</sup>

### Extent of Prohibitions

As now promulgated, this code prohibits only those procedures which, according to present knowledge of facts, seem certainly wrong. In questions legitimately debated by theologians, liberty is left to physicians to follow the opinions which seem to them more in conformity with the principles of sound medicine.

### Solutions of Doubts

Cases can arise in which the morality of some procedure is doubtful, either because the code does not seem to cover the case or because the application of the code is not clear. In such cases, consultation is obligatory, if possible; and the hospital reserves the right to insist on this and to choose or to approve the consultants. In urgent cases that allow no time for consultation, the physician in charge should do what seems most proper to his own conscience. Having done what he honestly judges best in such an emergency, the physician has no just cause for anxiety of conscience; but he should refer the matter to the hospital authorities to obtain guidance for future emergencies of the same nature.

NOTE: The Imprimatur for these Directives has been given by the Most Reverend Archbishop of St. Louis.



## 1. ETHICAL DIRECTIVES

*These directives concern all patients in this hospital, regardless of religion, and they must be observed by all physicians, nurses, and others who work in the hospital.<sup>2</sup>*

### GENERAL DIRECTIVES

1. Even the procedures listed in this section as permissible require the consent, at least reasonably presumed, of the patient or his guardians.

*This condition is to be understood in all cases.*

2. Everyone has the right and the duty to prepare for the solemn moment of death. Unless it is clear, therefore, that a dying patient is already well-prepared for death, as regards both temporal and spiritual affairs, it is the physician's duty to inform, or to have some responsible person inform, him of his critical condition.

3. Adequate consultation is required, not only when there is doubt concerning the morality of some procedure (as stated in the Introduction), but also with regard to all procedures involving serious consequences, even though such procedures are listed in this code as permissible. The hospital reserves the right to insist on such consultation.

4. The physician is required to state definitely to the supervisor of the department concerned the nature of the operation he intends to perform or of the treatment he intends to give in the hospital.

5. All structures or parts of organs removed from patients must be sent at once and in their entirety to the pathologist for his examination and report. If the physician requests it, the specimens will be returned to him after examination.

(NOTE: In the event of an operation for the removal of a diseased organ containing a living fetus, the fetus should be extracted and baptized before the excised organ is sent to the pathologist.)

### DIRECTIVES CONCERNING SPECIFIC PROCEDURES

The principles given here cover most, if not all, of the ethical problems likely to arise in hospital practice. The lists of practical applications are limited to those cases which seem either specially difficult or of most frequent occurrence.

#### I. PROCEDURES THAT INVOLVE SERIOUS RISK TO, OR DESTRUCTION OF, LIFE.

##### A. Principles:

1. The *direct* killing of any innocent person, even at his own request, is always morally wrong. (Any procedure whose sole immediate effect is the death of a human being is a *direct* killing.)

2. *Risk* to life and even the *indirect* taking of life are morally justifiable for proportionate reasons. (Life is taken *indirectly* when

death is the unavoidable accompaniment or result of a procedure which is immediately directed to the attainment of some other purpose, e.g., the removal of a diseased organ.)

3. Every unborn child must be considered as a human person, with all the rights of a human person, from the moment of conception.

B. Particular Applications:

1. *Abortion*:<sup>3</sup>

a) Direct abortion is a *direct* killing of an unborn child, and it is never permitted, even when the ultimate purpose is to save the life of the mother. Neither eclampsia, nor *hyperemesis gravidarum*, nor any other condition of pregnancy constitutes an exception to this prohibition. (Every procedure whose sole immediate effect is the termination of pregnancy before viability is a *direct* abortion.)

b) Operations, treatments, and medications during pregnancy which have for their immediate purpose the cure of a proportionately serious pathological condition of the mother are permitted, even though they *indirectly* cause an abortion, when they cannot be safely postponed until the fetus is viable.

c) Regarding the treatment of hemorrhage during pregnancy and before the fetus is viable: No procedure which is primarily designed to empty the uterus is permissible unless the physician is reasonably sure that the fetus is already dead or already detached; procedures which are primarily designed to stop hemorrhage (as distinguished from those designed to empty the uterus) are permitted in so far as they are necessary, even to the extent of risking an abortion. In this case the abortion would be *indirect*.

2. *Caesarean Section* for the removal of a viable fetus:

a) is permitted, even with some risk to the life of the mother, when necessary for successful delivery;

b) Is likewise permitted, even with some risk for the child, when necessary for the safety of the mother.

3. *Cranial* operations for the destruction of fetal life are forbidden. Operations designed to increase the infant's chance to live (e.g., aspiration for hydrocephalus) are permitted even before delivery when such operations are required for successful delivery.

4. *Ectopic Pregnancy*:<sup>4</sup>

a) Any direct attack on the life of the fetus is morally wrong.

b) The affected part of an ovary or Fallopian tube may be removed, even though the life of the fetus is thus indirectly terminated, provided the operation cannot be postponed without notably increasing the danger to the mother.

5. *Euthanasia* in all its forms is forbidden.<sup>5</sup>

a) The failure to supply the *ordinary* means of preserving life is equivalent to euthanasia.

b) It is not euthanasia to give a dying person sedatives merely for the alleviation of pain, even to the extent of depriving the patient



of the use of sense and reason, when this extreme measure is judged necessary. Such sedatives should not be given before the patient is properly prepared for death (in the case of a Catholic, this means the reception of the Last Sacraments); nor should they be given to patients who are able and willing to endure their sufferings for spiritual motives.

6. *Hysterectomy*, in the presence of pregnancy and even before viability, is permitted when directed to the removal of maternal pathology which is distinct from the pregnancy and which is of such a serious nature that the operation cannot be safely postponed till the fetus is viable. (Concerning hysterectomy in the absence of pregnancy, See II, B, 4.)

7. *Post-mortem examinations* must not be begun until real death is morally certain.<sup>6</sup>

8. *Premature delivery*: For a very serious reason labor may be induced immediately after the fetus is viable. In a properly equipped hospital the fetus may sometimes be considered viable after 26 weeks (6 calendar months); otherwise, 28 weeks are required.

9. *Pregnancy Tests*: In all cases in which the presence of pregnancy would render some procedure illicit, the physician must make use of such tests and consultation as may seem necessary.

10. *Radiation therapy* of the mother's reproductive organs is not permitted during pregnancy unless its use at this time is an indispensable means of saving the mother's life by suppressing a threatening pathological condition, and not by attacking the fetus.

## II. PROCEDURES INVOLVING REPRODUCTIVE ORGANS AND FUNCTIONS:<sup>7</sup>

### A. Principles:

1. The unnatural use of the sex faculty (e.g., masturbation) is never permitted, even for a laudable purpose.

2. Continence, either periodic or continuous, is the only form of birth control not in itself morally objectionable.

3. Procedures that induce sterility (partial or total; temporary or permanent) are permitted *only on these conditions*: (a) they must be immediately directed to the cure or diminution of a serious pathological condition for which a simpler remedy is not reasonably available; and (b) the sterility itself must be an unintended and unavoidable effect.

### B. Particular Applications:

1. *Artificial insemination* of a woman with semen of a man who is not her husband is morally objectionable. Likewise immoral is insemination even with the husband's semen, when the semen is obtained by means of masturbation or unnatural intercourse. Advising or co-operating in these practices is not allowed in this hospital.<sup>8</sup>

2. *Castration*, surgical or otherwise, is permitted when required for the removal or diminution of a serious pathological condition, even in other organs.<sup>9</sup> Hence:

a) oophorectomy or irradiation of the ovaries may be allowed in treating carcinoma of the breast and metastasis therefrom;

b) orchidectomy is permitted in the treatment of carcinoma of the prostate.

In all cases the procedure least harmful to the reproductive organs should be used, if equally effective with other procedures.

3. *Contraception.* All operations, treatments, and devices designed to render conception impossible are morally objectionable. Advising, explaining, or otherwise fostering contraceptive practices is not allowed in this hospital.

(NOTE: Continence is not contraception. A physician is entitled to advise and explain the practice of periodic continence to those who have need of such knowledge.)<sup>10</sup>

4. *Hysterectomy, in the absence of pregnancy:*

a) Hysterectomy is permitted when it is sincerely judged to be the only effective remedy for prolapse of the uterus, or when it is a necessary means of removing some other serious pathology.<sup>11</sup>

b) Hysterectomy is not permitted as a routine procedure after any definite number of caesarean sections. In these cases the pathology of each patient must be considered individually; and care must be had that hysterectomy is not performed as a merely contraceptive measure.

c) Even after the childbearing function has ceased, hysterectomy is still a mutilation, and it must not be performed unless sound medical reasons call for it.

(Concerning hysterectomy during pregnancy, See I, B, 6.)

5. *Sterility Tests* involving the procurement of the male specimen by masturbation or unnatural intercourse are morally objectionable and are not allowed in this hospital.<sup>12</sup>

III. OTHER PROCEDURES (i.e., everything not included in I or II).

A. Principle:

Any procedure harmful to the patient is morally justified only in so far as it is designed to produce a proportionate good.

Ordinarily the "proportionate good" that justifies a directly mutilating procedure must be the welfare of the patient himself. However, such things as blood transfusions and skin grafts are permitted for the good of others. Whether this principle of "helping the neighbor" can justify organic transplantation is now a matter of discussion. Physicians are asked to present practical cases for solution, if such cases exist.<sup>13</sup>

B. Particular Applications:

1. *Appendectomy:* The removal of an apparently healthy appendix while the abdomen is open for some other reason may be allowed at the discretion of the physician.<sup>14</sup>



2. *Lobotomy* is morally justifiable as a last resort in attempting to cure those who suffer from serious mental illness. It is not allowed when less extreme measures are reasonably available or in cases in which the probability of harm outweighs the probability of benefit.<sup>15</sup>

3. *Narcotherapy*: The use of narcosis (or hypnosis) for the cure of mental illness is permissible with the consent at least reasonably presumed of the patient, provided due precautions are taken to protect the patient and the hospital from harmful effects, and provided the patient's right to secrecy is duly safeguarded.<sup>16</sup>

4. *Uterine Malpositions*: Operations devised to correct uterine malpositions (e.g., ligamentary suspensions) without interfering with the normal physiology of the uterus or rendering the patient sterile are permitted. If these procedures induce sterility the principles of Section B (above) must be applied, and consultation is obligatory.





## 2. THE RELIGIOUS CARE OF PATIENTS

### I. BAPTISM:<sup>17</sup>

1. Except in cases of emergency (i.e., danger of death), all requests for baptism made by adults or for infants should be referred to the chaplain of the hospital, who will see that the prescriptions of canon law are observed.

2. Even cases of emergency should be referred to the chaplain or to some other priest if one is available. If a priest is not available, anyone having the use of reason can and should baptize.

3. When emergency baptism is conferred, the fact should be noted on the patient's chart, and the chaplain should be notified as soon as possible so that he can properly record it.

### II. THE OTHER SACRAMENTS:

1. It is the mind of the Church that the sick should have the widest possible liberty to receive the sacraments frequently. The generous cooperation of the entire hospital staff and personnel is requested for this purpose.

2. While providing the sick abundant opportunity to receive Holy Communion, there should be no interference with the perfect freedom of the faithful according to the mind of the Church to communicate or not to communicate, and moreover there should be no pressure exerted that might lead to sacrilegious Communions.

3. Regarding the Eucharistic fast, certain privileges are accorded the sick by canon law, and sometimes by special indulgences. The chaplain should be consulted concerning these privileges.

4. Sufficient privacy should be provided for confession in wards and semi-private rooms, or the patient moved elsewhere for confession, if this is possible.

5. When possible, one who is critically ill should receive Holy Viaticum and Extreme Unction while in full possession of his rational faculties. The chaplain must, therefore, be notified as soon as an illness is diagnosed as critical.

### III. DISPOSAL OF AMPUTATED MEMBERS:<sup>18</sup>

1. Major parts of the body should be buried in a cemetery when it is reasonably possible to do so. Moreover, the members of Catholics should, if possible, be buried in blessed ground.

2. When burial is not reasonably possible, the burning of such members is permissible.

### IV. DISPOSAL OF DEAD FETUS:

1. When there is a sufficient reason for doing so, a fetus may be retained for laboratory study and observation. It may not, however, be preserved in membranes unless so obviously dead that baptism would be of no avail.

2. When sanitation or some similarly *serious* reason demands it, a fetus may be burned.

3. Aside from the cases just indicated, every fetus, regardless of the degree of maturity it has reached, must be suitably buried in a cemetery.

(NOTE: It is imperative that all who are concerned with the disposal of a fetus should know and observe pertinent prescriptions of civil law. If there seems to be a conflict between the provisions of civil law and the instructions given here the matter should be referred to the hospital authorities for clarification.)

## NOTES

(For the sake of brevity, *H.P.* represents HOSPITAL PROGRESS; *L.Q.*, the *Linacre Quarterly*.)

1. "Revising the Hospital Code," in *H.P.*, XXIX (July, 1948), 258-59, offers some explanation concerning the manner in which a medico-moral code can grow and change.\*

2. "Non-Catholics and Our Code," in *H.P.*, XXIX (Sept., 1948), 328-30, discusses the meaning of the natural law and explains why the ethical directives concern all patients and must be observed by all staff members and personnel.\*

3. Cf. "Direct and Indirect Abortion," in *H.P.*, XXIX (Oct. 1948), 363-64.\*

4. Cf. "The Morality of Ectopic Operations," in *H.P.*, XXIX (Jan., 1948), 27-29.\*

5. *L.Q.* for April, 1947, was devoted entirely to the subject of euthanasia. Father Hilary R. Werts, S.J., contributed "Moral Aspects of Euthanasia" (pp. 27-33).

6. The main point here is that the physician should be reasonably certain that the subject is not merely apparently dead before he starts the postmortem. More precise information concerning the moment of real death is desirable. Lacking such information, theologians usually allow the following intervals for the conditional administration of the sacraments: one-half hour to one hour, in the case of death after a lingering illness; and two or more hours, in the case of sudden death.

7. In II and III, it is presupposed that there is no special risk of life, either for the patient or (in the case of a pregnant woman) for a fetus; otherwise the principles of I must be applied.

8. The statement in the code includes only the forms of artificial insemination that are *certainly* immoral. Other methods of insemination between husband and wife are still being debated by theologians. We hope to present complete information on the subject in an early number of *L.Q.* In the meantime, physicians may consult McFadden, *Medical Ethics for Nurses* (1946), p. 67, for a brief statement of methods that may be considered as at least probably licit.

9. See "Suppression of Ovarian Function to Prevent Metastasis," in *H.P.*, XXIX (April, 1948), 147-48, and "Orchidectomy for Carcinoma of the Prostate," in *H.P.*, XXIX (Aug., 1948), 296-97. See also "Problems Concerning Excessive Uterine Bleeding," in *H.P.*, XXIX (June, 1948), 221 ff. Physicians should note that in this last article the removal of ovaries or the suppression of their function in order to stop excessive uterine bleeding is justified *only on the supposition that such a drastic means is really necessary*.\*

10. For a readable moral appraisal of contraception see "Contraception—A Violation of God's Law," by William J. Kenealy, S.J., in *The Catholic Mind*, XLVI (Sept., 1948), 552-64. And for a detailed moral evaluation of periodic continence see "Is 'Rhythm' Per Se Illicit?" by Hugh J. O'Connell, C.S.S.R., in *The American Ecclesiastical Review*, CXIX (Nov., 1948), 336-47.

11. Cf. "Problems Concerning Excessive Uterine Bleeding," in *H.P.*, XXIX (June, 1948), 221 ff.\*

12. In the near future an article in *L.Q.*, will present complete information concerning permissible methods of making sterility tests. In the meantime, physicians may consult: "Sterility Tests and Their Morality," by J. J. Clifford, S.J., in *The American Ecclesiastical Review*, CVII (Nov., 1942), 358-67; McFadden, *Medical Ethics for Nurses* (1946), 83-85; and "The Cervical Spoon: An Aid to Spermigration and Semen Sampling," by Joseph B. Doyle, M.D., in the *Bulletin of the New England Medical Center*, X (Oct., 1948), 225-31.

13. *The Morality of Organic Transplantation*, a dissertation by Bert J. Cunningham, C.M., concludes that, with certain limitations, transplantation may be justified. For a survey of this thesis and of some of its criticisms see *Theological Studies*, VIII (March, 1947), 97-101.

14. Cf. "Incidental Appendectomy," in *H.P.*, XXIX (Nov. 1948), 393 ff.\*

15. Cf. "Lobotomy," in *H.P.*, XXIX (Dec. 1948), 427-28.\*

16. Cf. "Narcotherapy in Catholic Hospitals," in *H.P.*, XXIX (March, 1948), 107-08.\*

17. For more complete information concerning baptism, especially with reference to the procedure to be followed in difficult cases, see "An Instruction on Baptism," in *H.P.*, XXX (Feb., 1949), 62 ff.\*

18 Cf. "Disposal of Amputated Members," in *H.P.*, XXIX (May, 1948), 189 ff.

\* Articles from *Hospital Progress* mentioned in these references are reprinted in this issue of *Linacre Quarterly*.